## HEALTH EDUCATION

Indian Health Service

| Preventive Health | 2000 Actual | 2001 Appropriation | 2002 Estimate | 2002 Est. +/- 2000 Actual | 2002 Est. +/- 2001 Approp. |
|---|---|---|---|---|---|
| Health Education: | | | | | |
| Budget Authority | $9,625,000 | $10,063,000 | $10,628,000 | +$1,003,000 | +$565,000 |
| HIV/AIDS | ($535) | ($535) | ($535) | ($0) | ($0) |
| FTE | 35 | 36 | 39 | +4 | +3 |
| (HIV/AIDS FTE) | (1) | (1) | (1) | (0) | (0) |
| Total Hlth. Educ. Services Provided | 600,000 | 600,0000 | 600,000 | 0 | 0 |

**PURPOSE AND METHOD OF OPERATION**

Program Mission and Responsibilities

The IHS Health Education Program is committed to a partnership with American Indian and Alaska Native (AI/AN) communities to raise the health status of AI/AN to the highest possible level. This is accomplished through education, leadership and promoting community capacity building that nurtures healthy lifestyles and utilization of health services. In addition, the Health Education Program fosters participation of AI/AN communities in developing and managing programs to meet their health priorities.

The emphasis of the IHS Health Education is to strategically improve and strengthen the practice of public health education, to take an active role in community health planning as determined by sound epidemiological data. The IHS Health Education adheres to proven intervention strategies that are driven by community-based priorities identified by local communities. The Health Education Program has identified these priorities that encompass the core practices of public health education - community health, school health, employee health promotion, and patient education:

- To provide leadership in developing safe and healthy Indian communities.
- To develop and strengthen a standardized, nationwide patient education program.
- To enhance the capacity of those schools that educate Native Americans and Alaskan Natives to respond to threats to youth health.
- To assist Head Start programs in the provision of health education activities.
- To support the IHS Director's youth, elderly and women's priorities.
- To support diabetes education.

- To accomplish these activities, partnerships have been developed with health programs, tribes, schools, communities, educational institutions, public and private foundations. The IHS Health Education program will assist our partners to engage in community-based prevention activities, such as smoking cessation, diabetes education, HIV/AIDS/STD risk behavior education, injury prevention, obesity and physical inactivity, and hearing loss.

The Health Education Program has been active through the development and completion of a Web site that includes Health Education recruitment information, the IHS Patient Education Protocols/Codes, and a directory of all I/T/U health education programs. In addition, the Program has designed and implemented a new aspect to the Health Education Resource Management System (HERMS) that automatically translates raw monthly HERMS data into more user friendly forms, such as charts, graphs, etc.

Based on preliminary analyses of FY 2000 health education workload data, approximately 40 percent of the eligible AI/AN population had access to health education services.

Best Practices/Industry Benchmarks

The IHS Health Education Program has a long history of serving as a benchmark and Federal model of health education services. It is one of the few health education programs nationally that serves such diverse health education needs working with over 561 tribal entities. Most recently, the program has embarked on a model "Patient Education Project" that allows outcome measurements to be obtained for health education services to meet the new JCAHO standards for health/patient education. New FY 2001 ORYX Indicators have also been developed to track health education in our hospitals, clinics and community programs on breast self-exams, diabetes and exercise, smoking cessation, and breast-feeding.

**ACCOMPLISHMENTS**

- The National Patient Education Project has been successfully implemented in approximately 30 of the more than 80 IHS hospitals and clinics. The objective of this project is to standardize patient education for I/T/Us. The ultimate goal is to institutionalize this in all areas over the next two years.

- The IHS Health Education Web Site has been completed.

- ORYX indicators will be used to evaluate health education and patient education efforts in medications, smoking cessation, breast self-exam, breast-feeding, diabetes and exercise. FY 2000 ORYX Statistics indicated that the total number of Patient and Family Education (PFE) activities was 472,819.

- The updating and revision of the Health Education Resource Data Management System (HERMS) has been completed and is being marketed nation-wide. All health education programs are welcome to use the system, which is free of charge and is located on the IHS Health Education Web Site.

- Update of the Health Education chapter in the IHS Manual has been completed and awaits approval. The chapter has been revised to reflect the Tribal compacting and contracting activities.

- The IHS Health Education program has joined a national collaborative initiative with the National Institutes of Health to reduce noise-induced hearing loss and otitis media.

**PERFORMANCE PLAN**

The following performance indicators are included in the IHS FY 2002 Annual Performance Plan. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN. At this funding level, IHS will be able to achieve the following in FY 2002:

Indicator 2: During FY 2002, continue the trend of improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes.

Indicator 3: During FY 2002, continue the trend of improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes who have achieved blood pressure control standards.

Indicator 6: During FY 2002, increase the proportion of women 18 and older that has had a Pap screen in the previous year by 2 percent over the FY 2001 level.

Indicator 7: During FY 2002, increase the proportion of the AI/AN female population over 40 years of age that has received screening mammography in the previous two years by 2 percent over the FY 2001 level.

Indicator 28: During FY 2002, the IHS will continue collaboration with NIH to assist three AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs.

Following are the funding levels for the last 5 fiscal years:

| Year | Funding | FTE | |
|---|---|---|---|
| 1997 | $8,632,000 | 45 | |
| 1998 | $8,932,000 | 43 | |
| 1999 | $9,430,000 | 37 | |
| 2000 | $9,625,000 | 35 | |
| 2001 | $10,063,000 | 36 | Enacted |

**RATIONALE FOR BUDGET REQUEST**

**Total Request** -- The request of $10,628,000 and 39 FTE is an increase $565,000 and 3 FTE over the FY 2001 enacted level of $10,063,000 and 36 FTE. The increase includes the following:

Built-in Increases: +$303,000

The request of $167,000 for inflation/tribal pay cost and $136,000 for federal personnel related costs would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

Maintaining the current I/T/U health system by ensuring access and continuity of care is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities: +$262,000 and 3 FTE

The request of $262,000 and 3 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities.

The following table displays the requested increase.

| **Facilities:** | **Dollars** | **FTE** |
|---|---|---|
| Parker, AZ Health Center | $262,000 | 3 |